



# MEDICAL MINUTE

Vol 4, No 1 Serving the members of Tripler Army Medical Center and Pacific Regional Medical Command February 2005

## Welcome Home!

Colleagues -

*This message is sent to you because you have recently returned from a tour of duty in Iraq or Afghanistan. We are very proud of your service to the Army and our Nation. Many thanks.*

*Reintegration\* includes security components dealing with Soldiers and what they can and cannot tell people back home about what they did in Theater.*

*Recently, the lay and medical press has had an interest in finding out more about detainees held in Iraq, Afghanistan and Cuba. Some of you have personal knowledge about the detainees. Some of you have been asked by medical societies and professional associations to give presentations about your experience.*

*If you have been asked to give any presentation or paper or to give an interview or sit on a panel discussion, please contact your clinical chief and Margaret Tippy, Tripler's Public Affairs Officer (433-5785). Allow 60 days so we can gain clearance.*

*If you plan on giving a presentation, etc., to those inside DOD, we also recommend you receive clearance through your clinical chief, a Subject Matter Expert, and PAO.*

*Thank you again for your Service to Our Country.*

*Very Respectfully,  
CAPT Kevin Berry  
Deputy Commander  
for Clinical Services  
Tripler Army Medical Center*

*\*Reintegration: To restore to a condition of integration or unity.*



## Neurosurgery During Iraq War

### Members of the 252<sup>nd</sup> Medical Detachment (Neurosurgery)

(kneeling) Spc. Les Bowman; (standing, first row, from left) Sgt. Janice Frisbee, Capt. Tiffany Rutledge, Spc. Jennifer Martins, Maj. Anita Ganz, Lt. Col. John Iskandar; (back row, from left) Lt. Col. John Hartmann, and Lt. Col. Dan Donovan.

Pilot's view of Combat Support Hospital in Kuwait, where the 252<sup>nd</sup> Medical Detachment was assigned.

See story on page 2

**Tripler Army Medical Center** honors those Soldiers who have served in the Global War On Terrorism - both past and present. We are very proud of your service to the Army and our Nation. Many thanks.

Col. Michael Allan Madsen	Maj. Howard F. Detwiler, Jr.	SSgt. Nathaniel Chandos Schultze
Lt. Col. John Hall Farley	Maj. Donald Lee Helman, Jr.	SSgt. Marvin Gaye Spencer
Lt. Col. Thomas Briggs Francis	Maj. Peyton Hobson Hurt	SSgt. Erik Alan St. Peter
Lt. Col. Richard K. Kynion	Maj. Joel Edward Lee Meyer	Sgt. Keith Frederick Frain
Maj. Richard Dario Ares	Maj. Ronald David Prauner	Sgt. Chimea Monique Harris
Maj. John A. Benson	Maj. John Jeffrey Stasinos	Sgt. Joseph Christopher Luna
Maj. Gregory T. Bramble	Maj. Gregory Paul Thibault	Sgt. Michael James Martin II
Maj. Sean T. Carroll	Capt. Timothy S. Adams	Sgt. Gary Anthony Croston
Maj. Calvin Bricker Delaplaine	Capt. Lisa M. Breece	Spc. Richard Martinez II
Maj. Barnett Tyler Gibbs	Capt. Mona R. Bullard	Lt. Col. Thomas W. Wisenbaugh
Maj. Cristos Hatzigeorgiou	Capt. Michael Edwin Click	Maj. Raj. C. Butani
Maj. Terrence Lee Lakin	Capt. Mary Lynn Condeluci	Maj. Sharon Yvonne Jackson
Maj. Joseph Kalalang Llanos	Capt. Kyle Eugene Ewing	Maj. Barbara Ann Spero
Maj. Vinh D. Luu	Capt. Jarrel K. Holmes	Capt. Matthew James Bishop
Maj. Robert Howard Nelson	Capt. Kenneth M. Kudelko	Capt. Dixie D. Bray
Maj. Bertram C. Providence	Capt. Robert Edward Kutschman	Capt. Mary A. Johnson
Maj. Matthew Scott Rettke	Capt. Kelley C. McClendon	Capt. Ryan Jude Keneally
Maj. Manish Kumar Varma	Capt. Bridget R. McIlwain	Capt. Rudolph Louis Pavlesich
Capt. Lance Edward Cordoni	Capt. Kevin James Mork	2nd LT. Paul B. Masters
Capt. Arthur Gilbert Kane	Capt. John A. Murphy, Jr.	Sgt. Eddy Calixto
Capt. Trang Nguyen	Capt. James Randa Sellars	Sgt. Rohan Adaryll Ryan
Sgt. 1C Willie Larneal Campbell	Capt. Cynthia Lynne Sveine	Spc. Nathaniel Zeno Conley
SSgt. Mark Andrew Nace	Capt. Amy Faye Thomas	Spc. Johnny Phillip Foster, Jr.
Col. Charles Willis Callahan	SSgt. Tito Aspiras Araos, Jr.	PFC Matthew Scott Shahbaz
Col. Ian Henry George Freeman	SSgt. Brian Lemont Ayers	Lt. Col. Daniel Joseph Donovan
Col. Christine Marie Piper	SSgt. Henry Albert Bartlett	Maj. Jeffery Scott Croley
Lt. Col. Wayne Bun Leung Chun	SSgt. Christina Maria Bristol	Maj. Thomas Kieran Curry
Lt. Col. Gerald Davis Evans	SSgt. Larry Mark Bristol	Maj. Raymond Joseph Emanuel
Lt. Col. Larry Charles James	SSgt. Miguel Angel Cruzrivera	Maj. Kyle Eugene Ewing
Lt. Col. Bradley Joseph Kamrowskipoppen	SSgt. Chidera Linda Egu	Maj. Joseph Roy Orchowiski
Lt. Col. Chet Aaron Morrison	SSgt. Robert Michael Hatchett	Maj. Scott David Uithol
Maj. Mark Jacob Berkowitz	SSgt. Jeromy J. Herbert	Capt. Edward Francis Burke
Maj. Millard D. Brown III	SSgt. Bryan Russell Jones	Capt. Christopher Glenn Morris
Maj. Charles Parkhurst Buck	SSgt. Guillermo Rene Obando	SSgt. Tina Lynn Hamilton
	SSgt. Nakashia Denise Price	

## We're Back!

by Margaret Tippy  
Tripler Army Medical Center  
Public Affairs Officer

Welcome to the re-startup of Tripler Army Medical Center's *Medical Minute*! Our last edition was published in November 2002 so it's been awhile since we have had an internal newspaper.

Since Staff Sgt. Michelle Rowan left to start a new career, we have not had a professional, dedicated Noncommissioned Officer (NCO) working in the Public Affairs Office. Current NCO PAO assets are being sent to the frontline units as they should be to cover the Global War On Terrorism or GWOT.

We welcome your comments and suggestions. Please send them to [Les.Ozawa@us.army.mil](mailto:Les.Ozawa@us.army.mil) who is our current Public Affairs Specialist. The newspaper will be available in hard copy and also on our external website.

All media releases we have written in the past six years are also available at <http://www.tamc.amedd.army.mil/headlines.html>. All the *Medical Minute* newspapers are also available in the Archives at this location; just scroll down to access them.

If you have an event or happening, please email Mr. Ozawa with the who, what, when, where, why and how and we can work with you on articles or news-briefs. Please remember the newspaper will be published on a monthly or bimonthly basis so it is not an avenue to have immediate information put out to the public.

"Melanie Notes" that come from the Executive Officer's Secretary – Melanie Tamanaha are one avenue to get the word out internally. Her email address is [Melanie.Tamanaha@us.army.mil](mailto:Melanie.Tamanaha@us.army.mil).

Another U.S. Army Hawaii publication, the USARHAW BULLETIN, is also available. Articles may be submitted to Don Boyer, Department of Information Management Administrative Services at [don.g.boyer@shafter.army.mil](mailto:don.g.boyer@shafter.army.mil). Check out current and past bulletins at <https://doimhawaii.army.mil/Services/Admin/PubsBulletins.asp>.

We wanted to make sure to honor all our Soldiers who have deployed to the Global War On Terrorism. The list on the front page came from Troop Command's Military Personnel. We thank them for their input.

## Tripler Neurosurgeon Recalls Work During Iraq War

by Les Ozawa  
Tripler Army Medical Center  
Public Affairs Office

When you see Lt. Col. (Dr.) Daniel Donovan reviewing medical cases in his quiet, second floor office at Tripler Army Medical Center, away from even the daily bustle of hospital's corridors and clinics, it's hard to imagine that 17 months ago, he was in the midst of saving the lives of wounded and dying Soldiers half a world away, in an Army combat hospital set up between two runways in a hot and dusty desert in Kuwait. "We were a very busy hospital during the first few months of the war," said Donovan, "with patients of all kinds... coalition soldiers, Iraqi soldiers, civilians."

As part of Operation Enduring Freedom and Operation Iraqi Freedom, Donovan and Lt. Col. (Dr.) John Iskandar from Madigan Army Medical Center at Fort Lewis, Wash., were the two neurosurgeons on the 252<sup>nd</sup> Medical Detachment (Neurosurgery), one of three neurosurgical teams in the theater during the first year of the war. "Our hospital did the majority of the neurosurgery during the first three months of the war, but the other team moved up to Baghdad and ended up doing much more than us during the rest of the year. After they got set up near Baghdad, they were closer to the wounded, so they got most of them first," said Donovan.

### *A Warrant Officer who could repair anything*

"The thing was, they had a CT scanner and we had a CT scanner—the only two in the whole theater," said Donovan. "Both of our CT scanners would frequently break down because of the conditions. But we had a great warrant officer who was our maintenance technician, who could repair anything. He wasn't even supposed to know how to fix CT scanners but he fixed ours over and over and over. The CT scanner with the other team in Baghdad would frequently break, but couldn't be fixed and was down for months. So sometimes they got patients and it was difficult for them to know exactly what surgery to do. They had to send some to us, just so the patient could get a CT."

Chief Warrant Officer Morales, then assigned to the 47<sup>th</sup> Combat Support Hospital (CSH) from Fort Lewis, Wash. and now at Fort Bragg, N.C., was the team's super repairman. "He was just fantastic," said Donovan. "The CT scanner went down several times, because blood leaked onto the sensors or it overheated. He would take the whole thing apart, get the manual out and get it fixed. He deserves a huge thank you."

The 252<sup>nd</sup> detachment was thus able to perform more than 20 major surgeries, including a successful, delicate brain tumor removal operation, in a patient too unstable to risk medical evacuation to a better-equipped hospital in Europe. Donovan believes this was the first brain tumor resection performed in a mobile combat support hospital.

Unlike the central air-conditioned comfort of Tripler Army Medical Center, doctors at the CSH in Kuwait faced other challenges. Most noticeable was the heat. "In the summer, the temperatures every day reached 125 to 130 degrees," said Donovan. "There were, of course, some ECU's (air conditioning units). They all ran off diesel-powered electrical generators, but the demand was so great that you couldn't possibly keep everything cool. The OR (operating room) was one

 **MEDICAL MINUTE**   
<http://www.tamc.amedd.army.mil>

Volume 4 • No. 1

February 2005

**Commanding General** ..... Maj. Gen. Gale S. Pollock  
**Public Affairs Officer** ..... Margaret Tippy  
**Public Affairs Specialist** ..... Les Ozawa  
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This newspaper is an authorized publication for members of the Department of Defense. Contents of the *Medical Minute* are not necessarily the views of, or endorsed by the U.S. Government, Department of Defense, Department of the Army, Pacific Regional Medical Command or Tripler Army Medical Center.

It is published monthly by offset printing by the Public Affairs Office, Tripler Army Medical Center, 1 Jarrett White Road, TAMC, HI 96859. Staff can be reached at (808) 433-5785. Circulation: 1,500.

of the priorities to keep cool, but the generators went down frequently and it would get really hot. We knew a lot of soldiers in Iraq lived in worse conditions though, and especially with all the wounded there, it was easy to keep things in perspective."

### *Surgery the old fashioned way*

Modern, working medical equipment was also in short supply. The pre-packaged equipment for Donovan's neurosurgical team was transported by ship, so the doctors only found out when they got there, that some of the equipment didn't work. "Fortunately, we had brought some old-fashioned tools ourselves, and so we were able to do surgery the old-fashioned way," said Donovan, who had packed some hand-held tools from Tripler in a duffel bag.

"But we had an excellent team of people, particularly in the OR," said Donovan. "Throughout the hospital, the nurses and medics were really good. Particularly in the operating room – the anesthesiologists, the nurse anesthetists, the OR nurses. We would get patients in extremely quickly, do the surgery, and be out and ready for the next one with no delays."

While some of the neurosurgery team members had worked together, having come from Madigan Hospital, Wash., others, like Donovan, had not. Still, "everyone pitched in and overcame problems right from the beginning," said Donovan. "We never had an average work day. There were mass casualty situations where you might have 40 or 50 people coming off a bus or a plane, and other days where we saw hardly any wounded." The CSH was located between two runways, which the Air Force used regularly to fly between the war zone and Germany. The conveniently located hospital was widely known to pilots who bee-lined their wounded passengers to the airstrip. Many of the patients were brought in by helicopter, and sometimes the neuro-surgical team had only a few minutes notice.

Donovan said that at first, there were many mass casualty situations and the hospital staff worked throughout the day and night. After the initial combat phase, they saw more patients involved in rollovers and other motor vehicle accidents. "It actually slowed down quite a bit

in July," he said, "to the point where we started seeing sick call, routine things, to pitch in and help. We did very little surgery. Then in August, it picked up again, with the UN bombing and attacks on British soldiers in Basra."

In comparing his work at Tripler with that during Operation Iraqi Freedom, Donovan said, "The surgery itself is the same, although the wounds are not what you see every day. You have to pay more attention to equipment and supplies, though." While medical training exercises familiarized him with the CSH, the battlefield medical supply system, and the portable emergency operating room, Donovan said, "There are some things you're not going to know until you're doing it for real."

"Because of the body armor, extremity wounds are by far the most common wounds of all, something like 70 to 80 percent of all injuries," said Donovan. "Head and neck wounds are one of the more common ones after that, so there were a lot of neurosurgery patients to see.

### *Kevlar helmet works*

"The Kevlar helmet works," said Donovan. "I can tell you from experience, it really helps to protect against injuries. There are certain areas that are not protected, like the eyes. That, and the back of the skull below the helmet were the two main areas where we saw penetrating wounds."

Donovan noted that the neurosurgery team often operated on British soldiers with penetrating head wounds. "They told me there's not as big a tradition or enforcement of wearing helmets as in the American Army," he said. He recalled treating British soldiers riding in a Humvee during a riot. Huge rocks were thrown through the Humvee windows, causing open, depressed skull fractures, because they weren't wearing helmets. In another incident, British paratroopers were flown in by helicopters to rescue military policemen under attack. Shots fired from the ground ricocheted off their helicopter's roof and entered their brains from the top of their skulls, because they weren't wearing helmets.

In talking with neurosurgeons from the Vietnam War era, Donovan found that they faced the same challenges, with some exceptions. "They saw a lot more patients in general, and they didn't have

CT scanners then," said Donovan. "That was a big advantage for us. We did a lot of definitive surgery at the CSH. Very few, if any, soldiers had to be re-operated on when they got back to the States. The challenges of keeping the CT scanner working were very difficult.

"The one and only radiologist we had at the CSH was Lt. Col. Mike Citrone. He and his crew did yeoman's work keeping the CT area cool enough for the machine to operate, like putting doors on the tent to keep cooler air in, adding extra ECU's, and ensuring a dedicated power supply," said Donovan. The doors and other changes were needed to deal with the heat and electrical outages.

"I don't think any of us knew going in what to expect," said Donovan. "Where we would be going, and what we would be doing exactly. But I think the surgery we ended up doing was very similar to what has been described in past wars."

The sometimes constant flow of patients at the beginning was something everyone at the CSH learned to deal with.



Lt. Col. (Dr.) Daniel Donovan (left) and Lt. Col. (Dr.) John Iskandar successfully performed a brain tumor resection on a patient too ill to be evacuated to Landstuhl Regional Medical Center.

"You get a lot of experience from that," said Donovan. "There were a lot of people not familiar with neurosurgery in the hospital, so you help them learn how to care for these patients. Everyone learned to improve their care for patients in that environment, including us."

For his service as a staff neurosurgeon during Operation Iraqi Freedom from April 14 through September 15, 2003, Donovan, along with Dr. Iskandar and some others assigned to the 47<sup>th</sup> Combat Support Hospital, were awarded the Bronze Star medal. During this period, Dr. Donovan performed 20 major operations, treated 50 patients for injuries not requiring surgery and 25 patients with spine fractures.

# Pollock is 22<sup>nd</sup> Army Nurse Corps Chief

*(Editor's note: The following article was written in August 2004 and gives Tripler staff an overview of Maj. Gen. Gale S. Pollock, our commanding general. She wears seven different hats – Chief of the Army Nurse Corps; Tripler Army Medical Center Commanding General; Pacific Regional Medical Command Commanding General; the U.S. Army Pacific Surgeon; TRICARE Senior Market Manager - Hawai'i; Professional Filler System (PROFIS) Commanding General, 18th Medical Command; and Director of Health Services, U.S. Army Hawaii (Installation)*

by Margaret Tippy  
Tripler Army Medical Center  
Public Affairs Officer

**M**aj. Gen. Gale S. Pollock, FACHE, became the 22<sup>nd</sup> chief of the Army Nurse Corps and went from colonel to major general all in one day – July 26<sup>th</sup>. It was a momentous moment in time when Maj. Gen. Kevin C. Kiley, acting commander, U.S. Army Medical Command, issued the oath of office and promoted her at the Women in Military Service for America Memorial at Arlington National Ceremony, Wash., D.C.

It is unusual but not unprecedented to be promoted two ranks up, Pollock said, adding she is the first chief of the Army Nurse Corps to do so since Congress passed a federal law in 2003 requiring a two-star general to be chief.

Pollock is the first Army nurse who has “benefited” from the law.

This gives Pollock “more responsibilities and the opportunity to keep taking care of Soldiers. I’m in the Army to take care of Soldiers,” she said.

“I had an older brother – kind of an adopted big brother – who was at Fort Monmouth near where I grew up in New Jersey – and (he) was very instrumental in being an emotional support for me when I was growing up.

“...they sent him to Officer Candidate School, and Airborne and Ranger School and to Jungle Training...and then they sent him over to Vietnam. Robin had his leg blown off in Vietnam, and I decided at that time because they brought him home

alive to me that I would make sure that that happened for somebody’s else’s brother or sister or mom or dad.

“So it doesn’t matter what kind of headaches I’m facing as far as challenges – I will not lose that focus...because I am here to take care of Soldiers,” she said.

Pollock’s brother, Robin, died three years ago.

She had decided to become a nurse at



Maj. Gen. Gale S. Pollock, center left, gets ready to pass the guidon to CSM Joel Jenkins, center right, during the Assumption of Command Ceremony at Tripler Army Medical Center Aug. 11, 2004. At far left is Maj. Gen. Kevin C. Kiley, M.D., commander, U.S. Army Medical Command and the Army surgeon general, who was the host commander. Col. Stephanie A. Marshall, outgoing commander, is facing Tripler.

age five. “When my Mother asked me ‘So what are you going to do when you grow up?’ ‘I said I’m going to be a nurse because I have to take care of God’s sheep and I never gave it another thought.’”

“When I was about 12, a family friend who was already a nurse said to me ‘Gale, nursing is changing, and if you want to be successful in nursing you must get a baccalaureate degree in nursing. You cannot go to a hospital for a diploma.’

Pollock was never one of those kids who worried about whether she would go to college after receiving this advice. In high school, she learned about the Walter Reed Army Institute of Nursing Program.

Pollock was selected for the Walter Reed Army Institute of Nursing (WRAIN) scholarship program and received a bachelor’s of science in Nursing from the University of Maryland, and a direct commission in the Army Nurse Corps in 1976.

She has attended the U.S. Army Nurse Anesthesia Program and is a Certified Registered Nurse Anesthetist (CRNA), and a Fellow in The American College of Healthcare Executives (FACHE). She received her master’s in Business Administration from Boston University, a master’s in Healthcare Administration from Baylor University, and a master’s in National Security and Strategy from the National Defense University.

Pollock believes she “has had fabulous

opportunities in the past” that have prepared her for her new role as chief of the Army Nurse Corps.

“I have been a hospital commander now twice at Fort Benning (GA) and at Fort Drum (NY) with the 10<sup>th</sup> Mountain Division,” she said. “I’ve worked on the Department of the Army staff at the Pentagon, I’ve worked for the Department of Defense as a health policy analyst,” she said. “...I was in a strategic think tank for (Lt. Gen. Ret.) Gen. Blanck when he was the Surgeon General, ...I’ve worked with Mr. Principi, now

the director of the VA, and my most recent experience was serving as the liaison between the information management community (who) are building the new computer systems for the military and the providers who have to use the systems that are provided.”

Pollock wants to promote the fact that the Army Nurse Corps is the “premier nursing organization in the world, and I’m going to work on keeping our fabulous nurses in, and drawing in civilians who have been practicing in the civilian world for a tour or a career.”

“It’s just a fabulous way to give back to

See Maj. Gen. Pollock, page 5

PHOTO BY MARGARET TIPPY

**Maj. Gen. Pollock** from page 4

our nation,” she said, “and to care for the people who are working very hard to maintain our freedom.”

Army nurses in uniform are the best-educated nurses in the nation and are very focused on continuing education. There is also a tremendous amount of job satisfaction among them, Pollock said.

Currently, Certified Registered Nurse Anesthetists (CRNA), operating room nurses and intensive care nurses are in the most demand. And, they are doing great things in support of the Global War On Terrorism (GWOT).

“You need people who can keep you pain free and alive, and then you need the

intensive care nurses to get them through the initial recovery period before we send them out to Landstuhl – which is the main receiving hospital for those who are injured or ill from the theater,” Pollock said.

**“It doesn’t matter what kind of headaches I’m facing as far as challenges – I will not lose that focus...because I am here to take care of Soldiers.”**

**— Maj. Gen. Gale S. Pollock**  
*Tripler Army Medical Center*  
*Commanding General*

not necessarily excellent as beds in hospital, according to Pollock.

Nurses in Iraq have been very actively

Currently, the two most important issues identified by nurses deployed in Iraq are expanding the understanding of burn care with the different weapons systems causing so many injuries to Soldiers, and identifying that the traditional litters we use are excellent for transportation but

collaborating with the Surgical Research Institute in San Antonio where most burn patients are sent, she said.

With the litters used as beds, Soldiers can develop pressure sores. To prevent them, they’re working to modify materials used – to make litters softer with more cushioning, Pollock said.

“Army nurses are here to take care of all of our beneficiaries,” Pollock said, “whether they’re deployed Soldiers in harm’s way or if they (are Soldiers’) families and retirees and their families...”

“I don’t think there’s any better nursing opportunity in the world than as an Army nurse,” Pollock said smiling. “Now the Navy and Air Force would challenge me on that one but I would be inclusive to say there’s no better opportunity than military nursing.”

“The reward for taking care of the people that we do – the Heroes that we care for – there’s just nothing that feels better than working with these Soldiers,” she said.

## Tripler aims to provide 2,000 patients with better vision next year

# Army Offers Warfighters Free PRK and LASIK Surgery

by Les Ozawa

*Tripler Army Medical Center*  
*Public Affairs Office*

**B**oxers do it; NFL football players do it; and since 1998, courtesy of the Army, thousands of Soldiers have undergone refractive eye surgery to improve their vision. Only a few years ago, local television and newspapers advertised photorefractive keratectomy (PRK) and laser in situ keratomileusis (LASIK) surgery for \$2,000 per eye. Today, improved surgical techniques have made the operation safer and cheaper. It’s still expensive, but more affordable, even if not covered by medical insurance.

For active duty Soldiers, however, especially those in combat arms, the surgery is free.

Why does the Army, as well as the other armed services, offer this surgery to service members? It’s simple: it increases personnel safety and mission success.

Being able to see clearly—through mud, dirt and damp, between explosions and concussions—can mean the difference between life and death. Ballistic eye protection from dust and debris is still needed in combat situations, but for the Soldier, 20/20 vision means no more cleaning or replacing contact lens and glasses, no longer handling prescription inserts for gas masks and night vision goggles while under fire.

Today, through the Warfighters Refractive Eye Surgery Program (WRESP), PRK and LASIK are available at eight Army hospitals around the world, including Tripler Army Medical Center. Surgery candidates don’t need to be referred by their primary healthcare managers, but they do need their command’s approval, as part of the application process.

All the armed services have agreements with Tripler to provide this surgery for their active-duty members, said Maj. (Dr.) Ronald Allen, who heads the program



PHOTO BY LES OZAWA

**JUST FINE FOR THE EYES.** TAMC’s Maj. (Dr.) Ronald Allen, director of Tripler Army Medical Center’s Warfighters Refractive Eye Surgery Program, adjusts the lenses for the excimer laser machine used to sculpt a patient’s cornea. The patient lies on a platform below the machine, while his head is aligned directly below the machine. About 96 percent of patients achieve 20/25 vision or better in the Tripler program.

here. The Air Force allows 30 Airmen a month to receive this operation, and the Coast Guard recently signed on to send 10 Coast Guardsmen a month. The Navy previously allowed a monthly quota of 30 of its Sailors and Marines, but because of anticipated deployments, it recently

See “Eyes”, page 7

# Tripler's Blood Donor Center: Increased Demand; Smaller Donor Pool

Tripler Army Medical Center  
Public Affairs Office

While the demand for blood has increased, Tripler Army Medical Center's Blood Donor Center has a smaller donor pool to work with, according to Capt. Michael Bukovitz, its director. The center is now conducting an awareness campaign to increase its donor pool on Oahu.

"We highly encourage service members, retirees, military family members, and Department of Defense civilian employees to donate, and to donate more often," Bukovitz said.

Demand has increased, because medical advances have increased the kinds and frequency of lifesaving procedures which require more blood supplies. Ongoing military operations in Iraq and Afghanistan are also straining the Armed Services Blood Program, of which Tripler is one of

24 centers worldwide. Service members wounded and injured in Operation Iraqi Freedom and Operation Enduring Freedom (Afghanistan) now receive about 355 units of blood a week from the Armed Services Blood Program.

What's not well known is that since the Vietnam War, the U.S. Armed Services have relied solely on the Armed Services Blood Program for their blood needs. Hawaii's location in the middle of the Pacific also creates a unique challenge. Because blood is perishable, the Tripler program cannot make up shortages by relying on other military blood donation centers on the mainland that are too many miles and hours away. Tripler also doesn't rely on the well-known Blood Bank of Hawaii program.

**For more information on how to donate, call the Tripler blood donor center at 433-6195.**



Sgt. 1st Class Scott Belzer



PO 1st Class Michael E. Flores



Tech. Sgt. Joseph A. Adkins

## QUALITY OF HUMAN BEING AWARD

At a recognition ceremony Jan. 14, Sgt. 1st Class Scott Belzer of Tripler Army Medical Center, Petty Officer 1st Class Michael E. Flores of Naval Submarine Training Center Pacific, and Tech. Sgt. Joseph A. Adkins of Pacific Air Forces Headquarters were three of 14 platelet donors and 38 whole blood donors honored by Tripler's Commanding General Maj. Gen. Gale S. Pollock. Pollock told the donors that as a nurse anesthetist, she had the privilege to personally watch how their precious gift gave life to patients in the operating room. "The fact that you so willingly do this and take the time from other things important to you, speaks to the quality of human beings you are," Pollock said.



## A Giver Who Keeps Giving

David Trojan is assisted by Tripler Army Medical Center Blood Donor Center's Racquel Duran, in making another blood donation after being honored by Tripler's Commanding General Maj. Gen. Gale S. Pollock at a recognition ceremony Jan. 14.

Trojan, a civilian working at Marine Corps Base Hawaii in Kaneohe, has donated four pints of blood in the past year.

## Some Cold Facts about Warm Blood

To donate blood, contact:

**Tripler Army Medical Center  
Blood Donor Center**

**Telephone:** 433-6195

**Location:** Tripler 2<sup>nd</sup> Floor, A Wing, Room 2A207. Call for information about locations and times at other military installations on Oahu.

**Hours of Operation:** 8 a.m. – 2 p.m.

**Website:** [www.tamc.amedd.army.mil](http://www.tamc.amedd.army.mil) and click on "Blood Donor Center"



**The military blood donor pool has shrunk.** Over 43 percent of career military personnel cannot now donate.

- Military donors stationed in Europe in the 1980s and early 1990s are ineligible because of the possibility of transmitting a variant Creutzfeldt-Jacob disease (Mad Cow Disease).

- Current deployments to Iraq and Afghanistan have narrowed the donor pool while increasing demand.

- To make up for ineligible donors, other donations must increase by 33 percent.



**Tripler's Blood Donor Center is a joint service program.** Its major contributors represent all the services: the Army (39 percent), Navy (27 percent), Air Force (22 percent), Marine Corps (8 percent) and Coast Guard (4 percent).



## Who needs donated blood?

- Trauma victims may use 40+ units of blood.

- Leukemia patients may use up to eight units of platelets during treatment.

- Premature infants can be sustained for up to two weeks by a single pint of blood.

PHOTOS BY LES OZAWA



## Tripler's Pediatric Clinic: Brightened by Art, Volunteers

HONOLULU—Tripler Army Medical Center's Pediatric Clinic received a new look recently when its corridors were painted with cartoon scenes from countries around the world. Nancy Miller, a professional set designer from New York, volunteered her skills and vacationed in Hawaii for two weeks drawing all the scenes and cartoon characters used, as well as supervising dozens of volunteers. Tripler's staff and other volunteers helped paint the scenes led by Kelley Lee, child life specialist, with Tripler's Pediatric Department. Miller's original drawings were projected onto the clinic corridor walls and then sketched in and painted by volunteers from Tripler and others in the community. "The children and the staff love the new look," said Emmanuel Rodil, the clinic's Health Care administrator. "It really brightens the place up."

### "Eyes" from page 5

increased its budget for this program next year. The Army itself has no actual number limitation, said Allen.

Over the past three years, Tripler's refractive eye surgery center performed PRK or LASIK surgery on over 3,000 patients. "We did a lot of 25th Infantry Division Soldiers before they left for Iraq," said Allen. The center aims to treat 2,000 patients in 2005.

Tripler's four ophthalmologists, all certified to perform this delicate surgery, take their turn in the operating room near Tripler's second-floor eye clinic. Operations are usually done three days a week, with about 15 patients scheduled per day.

The surgery itself is quick: usually

about five minutes per eye for PRK and eight to 10 minutes per eye for LASIK, all done with local anesthesia. Allen cautioned, however, that patients do have to allow time for pre- and post-surgery procedures. Patients also must make about five appointments before and another six to eight visits after the surgery, spaced over several months.

Like any optional medical procedure, PRK and LASIK are not for everyone. Service members should also note that this surgery is not covered by TRICARE health insurance.

Active-duty service members interested in this surgery should pick up a WRESP information packet at their command's personnel center or at the Tripler eye

clinic. The packet explains the procedure and includes a form letter (to obtain their commander's approval) and an application form. Applicants must present these documents, as well as a prescription for glasses or contact lens less than a year old, to attend a WRESP briefing.

The briefings are usually held about midday on the first and third Friday of every month. They are held at various locations, including Tripler, Hickam Air Force Base, Schofield Barracks and Fort Shafter. About a hundred people attend each briefing, so those interested should allow enough time to have their applications screened before the briefing begins.

For more information, call the Tripler eye clinic at 433-3089 or 433-1564.

## PRK or LASIK – Which Is Better?

Both procedures are explained and compared during the WRESP briefing, including the advantages and disadvantages of both. Basically, PRK uses laser technology to sculpt the cornea to become flatter to obtain clearer vision. LASIK involves an extra step for patients with cornea of sufficient thickness. A suction ring stabilizes the cornea, and the surgeon then cuts a thin flap from the surface of the cornea and flips it over, allowing the underlying corneal tissue to be sculpted by laser, as in the PRK procedure.

The flap is then pulled back over the cornea. The flap is permanent, however, and may be displaced by accident, one of the disadvantages of LASIK. If further vision enhancement surgery is required, however, a surgeon can uncover the flap to work on the cornea again.

More information is also available on the three websites listed below. The first is from Walter Reed Army Medical Center and explains the Army program. The other two websites are provided by private health organizations. The last site listed, the American Academy of Ophthalmology (AAO) website, is designed for medical professionals but does provide in-depth information. Please note that the information, products or services contained on the websites and the listing of the websites themselves do not constitute endorsement by Tripler Army Medical Center, the Pacific Regional Medical Command, the Department of the Army, the Department of Defense, nor the U.S. Government.

[www.wramc.army.mil/departments/ophthalmology/refractive/surgery/surgeryv2/index.htm](http://www.wramc.army.mil/departments/ophthalmology/refractive/surgery/surgeryv2/index.htm)  
<http://www.lasikinstitute.com> ❖ <http://www.aao.org>

## Congress Approves \$4M for Expansion at TAMC to Korea

# VISICU's eICU® Solution Reaches the Far East

(Editor's Note: The appearance of name-brand products in this release does not constitute endorsement by Tripler Army Medical Center, Pacific Regional Medical Command, the Department of the Army, Department of the Navy, Department of Defense or the U.S. Government of the information, products or services contained therein.)

**T**ripler Army Medical Center (TAMC), part of the Pacific Regional Medical Command (PRMC), is expanding the use of VISICU's patented eICU® solution to Seoul, Korea with a \$4 million Congressional grant. Currently, ICU patients at the U.S. Naval Hospital Guam receive remote monitoring and care from the eICU facility at TAMC. The eICU system links medical expertise at Tripler with military personnel and their families far away, improving care and often precluding the need for costly air transport.

"Based on our success with using the eICU solution to monitor patients in Guam, we are expanding this technology to patients in other parts of the world," said Col. (Dr.) Benjamin Berg, medical director of the eICU center at Tripler. "We appreciate the support from Congress to improve the quality of care for patients with a system that overcomes geographic barriers."

Twelve ICU beds in Seoul, Korea will be monitored by the eICU center in Honolulu over a distance of 4,562 miles. This innovative system closes the gap between patients in need of expert critical care and specialists who can assist the local medical staff in Korea.

"We envision the day where eICU facilities around the globe could provide expertise to U.S. military installations, dramatically reducing the forward footprint," says VISICU Chairman and CEO, Frank Sample.

**The eICU system links medical expertise at Tripler with military personnel and their families far away, improving care and often precluding the need for costly air transport.**



Col. (Dr.) Benjamin Berg, medical director of the eICU center at Tripler.

The eICU program is part of a research project funded and managed by the Pacific Telehealth & Technology Hui, a joint partnership of the Department of Defense's (DOD) Tripler Army Medical Center (TAMC) and the Veterans Administration's (VA's) Pacific Islands Health Care System in Honolulu.

Tripler was the sixth medical center in the nation to install the eICU solution, the first military hospital to use such

technology, and the first one to connect to a hospital more than 3,000 miles away. Guam, a United States territory, does not have any intensivists so, prior to the eICU center, medical staff in Guam had to contact Tripler specialists via

phone and e-mail.

VISICU, Inc., a privately held company founded in 1998 by two intensivist physicians from Johns Hopkins, is headquartered in Baltimore, Maryland. The patented eICU® solution enables hospitals to standardize ICU care across

multiple hospitals and leverage scarce intensivist resources. From a centralized eICU facility, intensivists and nurses monitor and care for ICU patients through a high-fidelity telemedicine network that has been likened to air traffic control. Proprietary software is used to proactively manage patient care and electronically connect the "patient to the doctor", 24/7. A study of the eICU system published in *Critical Care Medicine (Crit Care Med 2004; 30:31-38)* proved the clinical and financial benefits. The eICU solution is currently the only technology that enables hospitals to meet The Leapfrog Group's ICU patient care safety standards and is continually recognized for its technology innovations. In 2004, VISICU won the Microsoft Healthcare Award and the American Telemedicine Association Innovations Award. The eICU solution was recognized as one of the Top 100 technical innovations by *InfoWorld* magazine in 2002, and in 2001, the company won the Healthcare Informatics and Technology Award.

**For more information please visit [www.visicu.com](http://www.visicu.com).**

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## Streamlined Options

# Tripler's Coumadin Clinic

Tripler Army Medical Center  
Public Affairs Office

**T**ripler Army Medical Center's Coumadin Clinic is a success story for patients and staff alike. When Coumadin was prescribed at Tripler before April of this year, patients had to visit the outpatient laboratory to have their blood drawn via venipuncture, said Capt. Richard Diaz, head nurse of the clinic.

Coumadin (Warfarin) is a "blood thinner" that is currently used in cardiology and other fields of medicine to prevent or treat improper blood flow, clotting and its effects.

These conditions could include stroke, atrial fibrillation, blood clots in arteries or veins, pulmonary embolism, severe heart failure, extensive heart attacks, heart valve replacement, and, it is sometimes used following stent placement in a blood vessel.

"This would more often than not require the coumadin patients to wait in long lines in the laboratory, not to mention the discomfort of a venipuncture," Diaz said. "Patients would wait until they got home to receive instructions either by the

Coumadin clerk calling or receiving a message on their answering machine. This was often confusing for the patient, but was the best system we had in place at that time."

But not anymore thanks to Diaz and Col. (Dr.) Thomas Dove, chief of Tripler's

**This new test eliminates the need for painful blood draws and ensures that accurate results are available within two minutes. Adjustments can be made immediately... and the patient may leave immediately after. The entire process takes only 10 to 15 minutes.**

Cardiology Department. Dove knew the system could be improved.

Now, the test is performed in the EKG clinic on the fourth floor Mondays, Tuesdays, Thursdays and Fridays from 6 – 11:45 a.m. weekly. All that's needed is a fingerstick so the blood can be analyzed, Diaz said.

This new test eliminates the need for painful blood draws and ensures that

accurate results are available within two minutes. Coumadin dosage adjustments can be made immediately by a staff cardiologist if necessary, and the patient may leave immediately after. The entire process takes only 10 to 15 minutes.

"The new system is awesome," said Spc. Michael Blair, 37, who is currently assigned to Tripler's Medical Hold Company. "It combines great people, great service and is a great clinic!"

Rather than have to go to the Lab and get a number and wait, have blood drawn and then go home and wait to hear from Tripler staff, the more than 300 Coumadin Clinic patients make an appointment and, after a finger stick for blood, find out what is needed to manage their healthcare, Blair said.

"The Coumadin Clinic is speedy, efficient and the staff is very courteous," he said smiling. "And it's personal, they get to know your name and take care of you with personal touches."

Patients receive on-the-spot teaching about coumadin if their INR (International Normalized Ratio) level is elevated or decreased. This new method of testing has also decreased the waiting times in the laboratory for the other patients, thereby having an overall positive effect for all of Tripler.

"The Coumadin Clinic is a change for the better all the way around," said Lt. Col. Barbara A. Gilbert, nursing director of Tripler's Department of Medicine.



## Brandon Seki Troop 32 Eagle Scout

**C**ongratulations to Brandon Seki, Troop 32's newest Eagle Scout. He is the son of Ronald and Lana Seki and brother to Megan and Ian Seki. Ronald Seki is Tripler Army Medical Center's Chief of Internal Review.

Brandon graduated from Kamehameha School in 2004. He has been involved in scouting for 10 years starting as a Cub Scout with Pack 167.

During the course of his scouting experience, Brandon served as a Den Chief, Troop Guide, Patrol Leader and

Senior Patrol Leader. He earned 30 merit badges and completed his Eagle Project at the Wahiawa Botanical Garden. For his project, he organized 20 scouts and adults to build steps along a garden slope. The steps provide an accessible safe route for visitors to study plants along the slope.

There were many adults and scouts who guided and helped Brandon to become an Eagle Scout. With their encouragement and assistance, Brandon earned this lifetime rank.

# Patient Family Assistance Team: Caring for Our Soldiers and Marines

by Margaret Tippy  
Tripler Army Medical Center  
Public Affairs Officer

Sgt. Wilson Coronel, 24, assigned to the 2<sup>nd</sup> Battalion, 35<sup>th</sup> Infantry Regiment, 25<sup>th</sup> Infantry Division, was deployed in Afghanistan Oct. 20<sup>th</sup> when an Improvised Explosive Device (IED) blew up hitting the cargo HUMVEE he was riding shotgun in.

Eight Soldiers were in the vehicle - only the driver and Coronel were hit - Coronel was hit the worse.

Both major bones of the left leg were broken, and shrapnel embedded all up and down both legs. Coronel was flown to a Combat Support Hospital (CSH) and treated in theater, stabilized and flown to Landstuhl Army Medical Center in Germany.

After being treated there, he was flown to Walter Reed Army Medical Center, Wash, D.C.; stopped at Scott Air Force Base, Ill.; Travis Air Force Base, Calif.; and finally flew into Hickam Air Force Base.

"I thought it went pretty fast," Coronel said. "I was injured on Oct. 20<sup>th</sup> and made it to Tripler Oct. 26<sup>th</sup>."

"They really took care of me. If I was in pain or uncomfortable, they gave me something to help," he said. "Then when the bird (airplane) landed, Sgt. (Kelli) Miyasato (the 25<sup>th</sup> ID liaison at Tripler) was right there. She came up on the plane and told me she would be my liaison and would visit everyday."

"And she does come up to see me in the hospital everyday," Coronel said. "Any questions I have or needs I have, I just need to ask her and she does everything she can."

Miyasato introduced him to his Nurse Case Manager Rochelle Soto and the Rear Detachment Unit he's assigned to.

His sister, Melissa Davis, 20, of Jackson, Miss., is the family he wants to get back to, and he said doctors hope to have him home soon.

"I'm real happy with the care here," Coronel said. "I need one more skin graft on my left leg, and then I can go home and crash on (his sister's) couch. I'm looking forward to it."

Miyasato is a part of Tripler Army

Medical Center's Patient and Family Assistance Team (PFAT) that is tracking wounded and injured Soldiers' every movement to make sure these Heroes of the Global War On Terrorism (GWOT) are well taken care.

When they fly into Hickam, Soldiers like Miyasato are there to take care of them.

"It's really awesome being able to go on the bird and welcome them home," she said smiling. "Not very many people get to feel the pride you feel when you've got the Soldiers home to Tripler and they're going to get the care they need."

She gets them to Tripler by van or ambulance, and medical care begins.

"(When the returning Soldiers) talk about their deployments, all they want is to go back and be with their comrades," Miyasato said.

"I have a real sense of pride. This is the best job I've ever had in the military," said the six-year veteran.

Soldiers like Miyasato and unit representatives are greeting the returnees at Hickam; transporting them to Tripler for their checkup; paging physicians to provide that checkup; releasing those Soldiers who are outpatients as soon as possible to spend time with loved ones; and inprocessing those who are inpatients to the Warfighter Ward. And all this normally happens in the middle of the night.

In Germany, the 25<sup>th</sup> Infantry Division Liaison Team starting with Capt. Danielle Carosello at Landstuhl tracks every patient movement.

The Air Evacuation Office has done a stupendous job of taking care of these Soldiers, said Lt. Col. Douglas B. Sloan, Tripler's chief of Patient Administration Division and the GWOT Patient Tracking and Accountability Team.

The team has expanded as the number of returning Soldiers - and now Marines - has grown to close to 290 in the last 11 months. Now, military liaison representatives from the other services attend meetings also.

Nurse case managers led by Marsha Graham and represented by nurses like Karen Williams and others, make sure Soldiers can reach them 24/7 with pager numbers; monitor their healthcare; and take care of their needs.

"We want to thank the Air Force Nurses and Flight Surgeons who take care of our patients on the long trip home to Tripler," said Glenna Lukomski, a nurse case manager.

Eileen Maher of Social Work Case Management, makes sure other needs are taken care of, and counseling is provided; Community Health Nursing led by Maj. Mary Christal assesses Soldiers needs; and the Veterans Administration staff work with the Tripler staff in case VA needs to provide care. Marisa Burgess-Suntheimer, Tripler Patient Affairs, and Medical Hold 1<sup>st</sup> Sgt. James Jansen all work to take care of the Soldiers' needs.

**Everyone is working together to care for these Heroes, and make sure their welcome home is everything it needs to be from a grateful nation.**

Sloan likes to call the team approach the "concierge" high touch approach for all medical and social needs.

And all of this is monitored by Col. (Dr.) David Crudo, chief of Deployment Health, who has oversight responsibility

for the returning wounded and injured.

The team meets every weekday at 9 a.m. to take care of patient needs.

"I estimate 75 percent of those returning have been outpatients and 25 percent in patients," Crudo said. "And about 80 percent have been in the category 'Disease None Battle Injury' (DNBI)."

"We've seen mostly orthopedic injuries - a lot of leg injuries, a lot of broken bones and Soldiers taking shrapnel," he said.

Everyone is working together to care for these Heroes, and make sure their welcome home is everything it needs to be from a grateful nation. The nurse case managers even made sure every returned patient had plans for Thanksgiving dinner and weren't alone on the holiday.

Coronel unfortunately didn't make it home this past Thanksgiving because of medical procedures that still needed to be performed but he's receiving world-class healthcare at Tripler because of all the people who are part of Tripler's Patient Family Assistance Team.

# Tripler Soldiers Teach Afghans To Be Medics

by Les Ozawa  
Tripler Army Medical Center  
Public Affairs Office

Christmas was a lot different for two Tripler Army Medical Center Soldiers this past year. In 2003, Capt. Trang Nguyen and Sgt. 1<sup>ST</sup> Class Willie Campbell were half a world away, training



SFC Willie Campbell watches closely as Afghanistan National Army soldiers practice how to prepare a wounded soldier for transport.

Afghanistan National Army soldiers to be medics. On Christmas Day, they were distributing presents at a nearby orphanage to children, many of whom lost their parents during and after the overthrow of the Taliban government.

Nguyen and Campbell went to Afghanistan in November 2003, along with two Soldiers from each Army medical center in the United States, to form the second Medical Mobile Training Team (MTT) attached to the 136th Regiment, Task Force Phoenix in Afghanistan.

The first MTT went to Afghanistan to get the program started and to teach Afghan soldiers how to be medics, said Nguyen. The second team, her team, was tasked to set up a standard combat medic course for the Afghanistan National Army and to also train the trainers for the course. "Our mission was difficult, because we had to translate coursework,

get the supplies needed, as well as train the trainers," she said. The training program was designed for an army whose country and military medical system had been devastated by over 25 years of neglect and war.

Nguyen was directly responsible for the translation of over 45 lesson plans and instructor books. She also coordinated the training schedules and ensured the facilities and educational materials were in place for the Afghan students and their instructors.

With less than a month's notice, the team found itself preparing lesson plans and study materials for the course, getting them translated, and teaching the course at Camp Blackhorse, about 30 miles east of Kabul. They were assisted by seven local translators, four Afghan army doctors, and three permanent trainers. The MTT instructors were teaching classes during the day, while also preparing lesson plans and course materials, and reviewing translations at night, said Nguyen.

Campbell, Tripler's other representative on the MTT, was one of the team's instructors at Camp Pol-e-Charki and the Ministry of Defense hospital in Kabul. He developed nine lesson plans, gave lectures, and supervised practical exercises on various medical routines like trauma assessment, caring for various types of injuries, and preparing a litter obstacle course. Nguyen also pitched in, teaching the medical evacuation module for the course and developing several lesson plans and PowerPoint presentations.



Capt. Trang Nguyen and Maj. Michael Bell were honored with traditional Afghan wreaths during graduation ceremonies for their students. From left are Nguyen; 1st Lt. Ahmadullah, Afghan National Army (ANA) instructor; Bell, officer-in-charge of the U.S. Army medical team; Col. Ahmdzoy Wali, ANA chief of medical training; Dr. Mahmood Mahmood, translator; 1st Lt. Amanullah, ANA instructor; and Capt. Juma Gul, ANA instructor.



PHOTOS COURTESY CAPT. TRANG NGUYEN

Capt. Trang Nguyen (left) and an Oklahoma National Guard Soldier assigned to the Camp Phoenix Health Clinic in Kabul distribute gifts to children at a local orphanage on Christmas last year. Nguyen helped start a donation drive shortly after arriving in Afghanistan, asking Soldiers to donate monies and also to write home to their families and friends to mail them gifts to distribute in time for Christmas.

The two Tripler Soldiers also helped rescue two injured U.S. Army Soldiers while returning to their base after driving on the main supply route between Camp Blackhorse and Bagram Air Base. The injured soldiers had been driving a small truck when it rolled over in a remote, mined area where Army intelligence had reported that local nationals were targeting U.S. personnel. Assisted by two other MTT members, Nguyen and Campbell entered the mined area and secured it. They then treated the Soldiers for shock and evacuated them safely to Bagram Air Base.

For Nguyen, the most memorable experience of her time in Afghanistan was when the Afghan soldiers they taught finished their medic course. "We saw how happy and proud the Afghan soldiers were," said Nguyen. "They showed how grateful they were for our support by presenting us with a multitude of hand-made, Afghan leis. Each soldier also took turns by rendering us a salute, handshake, and reciting a creed. The local press was there as well as the Afghanistan Surgeon General."

For their outstanding work in setting up a combat medic course for the Afghanistan National Army, Nguyen and Campbell, both of Troop Command at Tripler Army Medical Center, were awarded Army Commendation Medals. The award cited their work in training over 80 Afghan soldiers from November 2003 through March of this year.

## News Briefs ♦ News Briefs ♦ News Briefs ♦ News Briefs

### Tripler Physical Fitness Center Offers PT help

The Tripler Physical Fitness Center offers aerobics class to Soldiers, Department of Defense Civilians, family members and retirees to improve physical fitness. The class was developed almost five years ago to help Soldiers who needed improvement with their Army Physical Fitness Test, but it has always been opened to all military card holders.

The class is a combination of low to high impact cardio training, aerobics step, kickboxing, weight training, and muscle strengthening exercises. The classes are taught by Maj. Kinsey McFadden, Medical Planner of the Command Surgeon's Office, Fort Shafter and Daryllynn Gandaoli, of Tripler's Patient Administration Division.

Classes are held Monday, Wednesday and Friday, 4:30 – 5:30 pm. For more information, call the Tripler Army Medical Center Physical Fitness Center at 433-6443.

### TAX SERVICES AVAILABLE AT SCHOFIELD AND FORT SHAFTER

Click on: [http://webserver2/depts/mchk-ja/new\\_page\\_4.htm](http://webserver2/depts/mchk-ja/new_page_4.htm) to find about more information about tax services that are available for military personnel, dependents and retirees. Tax Centers are located at the following: Schofield Barrack Tax Center and Fort Shafter Tax Center. Point of Contact for both Tax Centers is Capt. Ruff at 655-5144.



### SEMI-ANNUAL PRE-RETIREMENT ORIENTATION

- The Retirement Services Office, Schofield Barracks, will conduct the next semiannual preretirement orientation for military personnel on March 2, 8-11:30 am, at the Post Conference Room (Bldg 584), located on Trimble Road, Schofield Barracks. The orientation provides a comprehensive summary of benefits and entitlements which service members have accrued as a result of their service in the Armed Forces. This orientation gives retirement-eligible soldiers an

### Tripler's Travel Clinic Accepting Appointments

Tripler Army Medical Center  
Public Affairs Office

Tripler Army Medical Center's Travel Clinic is now offering an appointment system to make it easier on patients and decrease waiting times.

The clinic is for people who will be traveling outside the country, military or civilians, who are eligible for care at Tripler, said Capt. Lisa M. Lute, head nurse of the Travel and Allergy and Immunization Clinic. This includes travel for deployments, Temporary Duty or TDYs, and vacations or holidays.

Appointments are now available for travel consults by calling 433-4541.

Travel clinic appointment hours are 8:30 – 11:30 a.m. on Tuesdays.

"We will continue to have walk in travel clinic for those who do not have advanced notice regarding travel. Walk in hours are Tuesday 1 – 3 p.m., and Wednesdays and Fridays, 9 – 11:30 a.m.," Lute said.

### The two easiest ways to get to the clinic, which is located inside the Allergy and Immunization Clinic, are:

1. Park on the Mountainside and stay to your left. Walk all the way down the left corridor and you'll be at the clinic.

2. Park Oceanside and take the elevators near the Tripler Post Office and Distribution Center. Go to the fourth floor, turn right and you will be at the clinic.

"We encourage people to make appointments so they will not have to wait," Lute said.

### Tripler Adding 230+ Parking Spaces

Tripler Army Medical Center's Logistics Division staff is adding more than 230 parking spaces to make it easier for patients and staff to park.

This is a 7 to 8 percent increase in parking stalls, said Dan Perron, a project manager in Logistics Division, who is working on the project. Weekend construction begins in the next couple of weeks and is scheduled to be completed by summer. There will be no loss of existing parking spaces while construction is going on. Tripler currently has approximately 2,600 parking spaces, Perron said. It is estimated more than 7,000 cars

come through Tripler's Security Checkpoint in any given workday, said Donald Devaney, Tripler's Provost Marshal.

Fourteen areas are targeted for new parking stalls including the Emergency Department, areas outside of D Wing (Dental and Family Practice Entrance), and re-striping of the handicapped stalls in front of E Wing (VA Entrance).

The re-striping will add more handicapped stalls. The current stalls are larger than needed by law.

Funding is being provided by the U.S. Army Medical Command (MEDCOM). Perron may be reached at 433-7091.

opportunity to gain a greater understanding of service-related entitlements and information sources. Soldiers who have over 18 years of active Federal service should attend at least one group preretirement orientation prior to retirement. Spouses are also encouraged to attend. Point of Contact is Mr. Ken Ujimori, Retirement Services Office, 655-1514 or [email:ujimorik@hawaii.army.mil](mailto:ujimorik@hawaii.army.mil).

**RESOURCE MANAGEMENT DIVISION** - Resource Management is proud to distribute the first issue of the TAMC Data Quality Newsletter. This publication was created to inform readers of the importance of data quality and to provide helpful information and resources. Click on the following link to access this document: <http://amedwstamc04/mchk-rm/documents/DQNewsletterFeb05.pdf>. Point of Contact is Patrick Shon at 433-9090.